

Why assisted suicide should not be legalized in Minnesota:

The dangers of S.F. 1880

Some state lawmakers have introduced a bill to legalize assisted suicide in Minnesota. S.F. 1880 /H.F. 2095, inappropriately titled the “Minnesota Compassionate Care Act,” would authorize a doctor to prescribe a lethal dose of medication for a patient to intentionally take his or her own life. *This poses grave dangers to members of our society.* Here are some of the bill’s fatal flaws.

S.F. 1880 creates new avenues of pressure, coercion, and abuse. It allows an heir or abusive caregiver to witness the suicide requests and pick up the lethal prescription. And it does not require that anyone witness the death—there are no safeguards at all once the lethal drug has been dispensed. Someone else could administer the drug without the patient’s consent, and no one would ever know. In Oregon and Washington, where assisted suicide is legal, prescribing physicians generally are not present when the lethal dose is administered. There is no guarantee that patients are competent or acting freely at the time of death.

S.F. 1880 would also lead to other kinds of pressure and coercion. In Oregon, 40 percent of assisted suicide patients have expressed concern about being a “burden” on family and friends. In Washington, 61 percent in 2013 expressed the same worry. Moreover, after legalization, public and private insurers have a financial incentive to steer patients toward suicide rather than life-extending treatment. Some Medicaid patients in Oregon have been denied expensive treatment and offered assisted suicide instead.

S.F. 1880 would lead to the killing of mentally ill patients. The bill does not require that a patient undergo psychiatric evaluation before receiving the lethal prescription. (The decision to refer for evaluation is left to the prescribing physician.) Yet as a study published in the *American Journal*

of Psychiatry concluded, “The desire for death in terminally ill patients is closely associated with clinical depression—a potentially treatable condition—and can also decrease over time.”

In Oregon and Washington, only a tiny fraction of assisted suicide patients first receive counseling. A *British Medical Journal* study of patients in Oregon found that “the current practice of the Death with Dignity Act may fail to protect some patients whose choices are influenced by depression from receiving a prescription for a lethal drug.” Suffering people deserve treatment and support, not killing.

S.F. 1880 would lead to the killing of patients who have years to live.

The bill relies on correctly diagnosing that a patient has less than six months remaining. But such predictions are inexact and often mistaken. In both Oregon and Washington,

patients receiving lethal prescriptions have lived more than 1,000 days before dying by suicide—that means they lived years beyond the (mistaken) six month prognosis. Moreover, the bill’s definition of “terminal illness” does not exclude chronic conditions that would only cause death if left untreated. A person with diabetes, who simply needs insulin to live, could qualify for assisted suicide under the legislation.

Jeanette Hall, an Oregon cancer patient, received a terminal diagnosis in 2000. She wanted assisted suicide, but her doctor encouraged her to undergo treatment instead. Today her cancer is gone and she is very happy to be alive. “If my doctor had believed in assisted suicide, I would be dead,” she says. S.F. 1880 would encourage patients who would live for months, years, or even decades to throw their lives away.

S.F. 1880 could cause suicide contagion. The acceptance, legitimization and publicity of suicide encourages additional suicides. As the National



Institute of Mental Health summarizes, “More than 50 research studies worldwide have found that certain types of news coverage can increase the likelihood of suicide in vulnerable individuals.” That’s why assisted suicide can increase the number of regular (non-assisted) suicides.

Following Oregon’s legalization of assisted suicide in 1997, for example, regular suicides in that state have increased significantly at a rate well above the national average.

Suicide is already among the leading causes of death. S.F. 1880 could influence vulnerable people and make this devastating problem worse.

S.F. 1880 is discriminatory. Society recognizes the tragedy of suicide in general and tries to prevent it. But S.F. 1880 treats some individuals differently. It creates a double standard according to which some suicidal persons (those who are able-bodied and physically healthy) are offered suicide *prevention* and other suicidal persons (those who are disabled and sick) are offered suicide *assistance*. Some people remain protected under the bill while other people are deemed eligible to be killed.

S.F. 1880 sends the harmful and discriminatory message that the lives of disabled, sick and dependent people are worth less than the lives of everyone else. That’s why the Disability Rights Education and Defense Fund, the National Council on Independent Living, Not Dead Yet and other disability

organizations strongly oppose the legalization of assisted suicide. Every person matters.

S.F. 1880 is unnecessary. It is already legal to decline unwanted medical treatment and allow the dying

process to take its course. And everyone has the right to receive good palliative and hospice care, including, if dying in pain, palliative sedation. Concern about pain is not a major reason cited by those who have assisted suicides in Oregon and Washington.

Certainly, disease and disability involve real difficulties and fears. But the solution to these problems is not suicide. The solution is to provide the emotional support and medical care that patients need, including mental health care and quality palliative care. The best answer to suffering is to end the suffering. It is not to end the sufferer.

S.F. 1880 lacks transparency and accountability.

The bill does not include any reporting requirements (unlike the laws in Oregon and Washington) and does not establish any investigative authority. It even instructs doctors to falsify the death

certificate by listing the disease as the cause of death. And because the bill provides no oversight whatsoever of the administration of the lethal drug, most abuses simply could not be prevented or discovered.

S.F. 1880 is bad medicine—a prescription for abuse. Minnesotans ought to firmly reject it.

